

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTÖ-875)

SERIAL NO.

101517172

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1				
4		1		1		
5		1		1		
6		1				
7		1				
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1				
13	1		1			
14		1		1		
15		1		1		
16		1		1		
17		1				
18		1				
19	1		1			
20		1				
21		1		1		
22	1					
23		1		1		
24	1		1			
25		1		1		
26		1		1		
27	1		1			
28		1		1		
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47						
48						
49						
50						
TOTAL IND.	6	↓	5	↓		↓
TOTAL DEP.	22	←	15	←		←
TOTAL CLAIMS	28		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	